## UNITED STATES DISTRICT COURT WESTERN DISTRICT OF MISSOURI

Plaintiff, Po	etitione	r or Complainant	) )	
vs.		:	) )	
<b>Defendant</b> (	s) or Re	espondent(s).	)	
		AFFIDAVIT OF	FINANCIAL STA	TUS
I,		, de	eclare that I am the	in the above-
entitled case	e; that in	support of my motion to	proceed without being re	equired to prepay fees, costs
or give secu	urity the	erefore, I state that becaus	e of my poverty I am una	able to pay the costs of said
proceedings	or to gi	ve security thereof; that I	believe I am entitled to re	elief.
I fu	rther sv	vear that the responses v	which I have made to th	ne questions below and the
information l	I have g	iven relating to my ability	to pay the costs of comm	nencing and prosecuting this
action are tr	ue.			
I.	MA	RITAL STATUS AND P	PERSONAL DATA	
	A.	Single: Married	: Separated: I	Divorced:
	B.	Name of Spouse		
	C.	Age of plaintiff, petitio	ner or complainant:	
	D.	Age of spouse:		
	E.	Address of plaintiff, pe	titioner or complainant:_	
		Telephone:		
	F.	Address of spouse:		
		Telephone:		

State name or names of dependents who live with you, their age, address,

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	relationship, and now much of their monthly support you provide
EM	IPLOYMENT
A.	Present employment:
11.	Name of employer:
	Address of employer:
	Employer's telephone: Length of employment:
	Job title or description:
	Net Income: Monthly \$ Weekly \$
	Gross Income: Monthly \$ Weekly \$
	Does employer provide health insurance: Yes No_
В.	If employer provides health insurance, describe coverage:  Previous employment (Answer only if presently unemployed).
	Name of employer:
	Address of employer:
	Employer's telephone: Length of employment:
	Job title or description:
	Net Income: Monthly \$ Weekly \$
	Gross Income: Monthly \$ Weekly \$
C.	Employment of spouse:

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		Name of employer:
		Address of employer:
		Employer's telephone:Length of employment:
		Job title or description:
		Net Income: Monthly \$ Weekly \$
		Gross Income: Monthly \$ Weekly \$
III.		NCIAL STATUS er questions on behalf of both the plaintiff, petitioner or complainant and spouse).
	A.	Owner of real property? Yes No
		If yes - Description:
		Address:
		In whose name?
		Estimated value:
		Total amount owed:
		Owed to:
		Annual income from property:
	B.	Owner of automobile: Yes No
		If yes - Number of automobiles owned:
		Make Model Year
		Make Model Year
		In whose name registered?
		Present value:
		Amount owed on the automobile(s):
		Owed to:
		Monthly payment(s):

List names and addresses of banks and associ	ations:	
State account numbers:		
Have you received within the past 12 month following sources:		om any
Rent payments, interest or dividends:		
Pensions, trust funds, annuities or life insurance payments?	_	-
Gifts or inheritances?		
Welfare payments?		_
ADC or other governmental child support?		_
Unemployment benefits?		-
Social Security benefits?		_
Other sources?		
If the answer to any item in D above was "money and state the amount received from ea		

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	A.	Monthly rental on house or apar	tment:					
	B.	Monthly mortgage payments on house:						
		Amount of equity in house:						
	C.	Monthly mortgage payments on	other properties: \$_					
		Amount of equity in other prope	rties: \$					
	D.	Household expenses:						
		Monthly grocery expense:						
		Monthly utilities:						
		Gas:						
		Electric:						
		Water:						
		Other: (Specify)						
	E.	Other debts and miscellaneous m	nonthly expenses:					
То whom owe	D AND FO	R WHAT REASON INCURRED?	MONTHLY PAYMENTS	BALANCE DUE				
				+				
				+				
V.		ER INFORMATION PERTINE le information regarding stocks, bond.						

I understand that a false statement or a motion to proceed in this matter in forma pa		
	Signature of Plaintiff, Petitioner of	or Complainant
Subscribed and sworn to before me this	day of	, 20
:afffin.int		